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007663 7590 08/02/2004

STETINA BRUNDA GARRED & BRUCKER
75 ENTERPRISE, SUITE 250
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10/04/2004 LWONDIM2 00000111 09965646

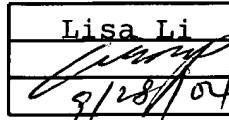
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Lisa Li	(Depositor's name)
	
9/28/04	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09965646	09/26/2001	Michael Crom	CROM M 1	3056

TITLE OF INVENTION: HYBIRD WIRE WINDER AND SEISMIC CABLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	11/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MARCELO, EMMANUEL MONSAYAC	3654	242-438100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Stetina Brunda Garred & Brucker 1 _____ 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

El Cajon, CA

DYK Incorporated

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-4330 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Lowell Anderson 9/28/04

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on September 28, 2004

Lisa Li
(Signature)

Lisa Li
(Typed name of person signing certificate)

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